

Tobacco Surveillance Report

July, 2006

SECOND-HAND SMOKE EXPOSURE

Smoking is the leading cause of lung cancer, emphysema, heart disease, and stroke. Smoking is a major contributor to bladder cancer and asthma. Non-smokers subjected to second-hand smoke are exposed to the same toxic compounds as smokers and are placed at risk for the same health conditions.¹ Exposure to second-hand smoke is especially dangerous for babies and children. Second-hand smoke increases children's risk of serious respiratory infections and fluid in the inner ear. Second-hand smoke can make asthma worse, it can precipitate acute attacks in asthmatic children, and it may cause the development of new cases of asthma in children with no previous history of it. Second-hand smoke is a risk factor for Sudden Infant Death Syndrome.

Non-smoking spouses of smokers have a 25% increased risk of developing lung cancer relative to those married to non-smokers² and a 30% increased risk of dying from coronary heart disease.³ Other studies have reported an increased risk of 25% of dying from lung cancer or other chronic diseases among non-smokers exposed to second-hand smoke outside the home.⁴ The second-hand smoke concentration of indoor spaces is affected by many variables such as square footage, ventilation, and occupancy, but some bars have 20 times greater concentrations of smoke than homes and cars can have up to five times greater concentrations than homes.⁵

In the 2005 Adult Tobacco Survey, 73% of Montana residents said that smoke-free public places were important to them and 74% or more were in favor of completely smoke-free restaurants, shopping malls, and other public buildings. The Montana Clean Indoor Air Act went into effect in October 2005. The law applies to all public buildings and businesses apart from qualifying bars, taverns, and casinos that request temporary exceptions; these establishments will be required to be smoke-free by September 2009. As a result of the Act, Montana residents are protected from unwanted exposure to second-hand smoke in most public places.

Exposure to second-hand smoke still occurs in some temporarily exempt businesses and in private homes and other contexts not covered by the law. For non-smokers, this exposure constitutes a major risk factor for lung cancer, heart disease, and other chronic illnesses. The 2005 Adult Tobacco Survey asked a representative sample of Montana residents about their recent exposure to second-hand smoke and their attitudes about exposure to second-hand smoke. The survey was conducted from October 2005 to January 2006, immediately after the Clean Indoor Air Act went into effect.

¹ National Cancer Institute, Smoking and Tobacco Control Monograph 10: Health Effects of Exposure to Environmental Tobacco Smoke, <http://cancercontrol.cancer.gov/tcrb/monographs>

² Hackshaw et al., 1997, *BMJ* 315:980-988.

³ US DHHS, 2001. *Women and Smoking. A Report of the Surgeon General*. Washington DC: US GPO.

⁴ Woodward and Laugesen, 2001, *Tobacco Control* 10:383-388; Vineis et al., 2005, *BMJ* 330:277-281.

⁵ US Environmental Protection Agency, 1992, *Respiratory Health Effects of Passive Smoking*.

Exposure to Second-Hand Smoke at Home

Q: Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars, or pipes?

Q: Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

Smoking is not allowed anywhere inside your home.

Smoking is allowed in some places or at some times.

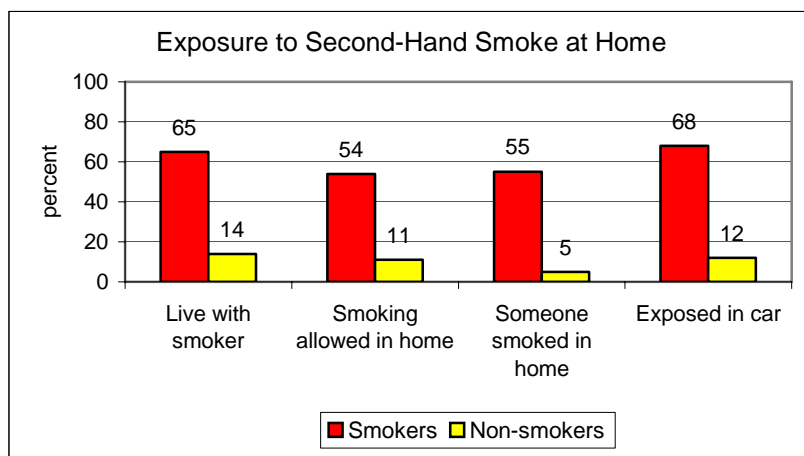
Smoking is allowed anywhere inside your home.

Q: During the past seven days, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

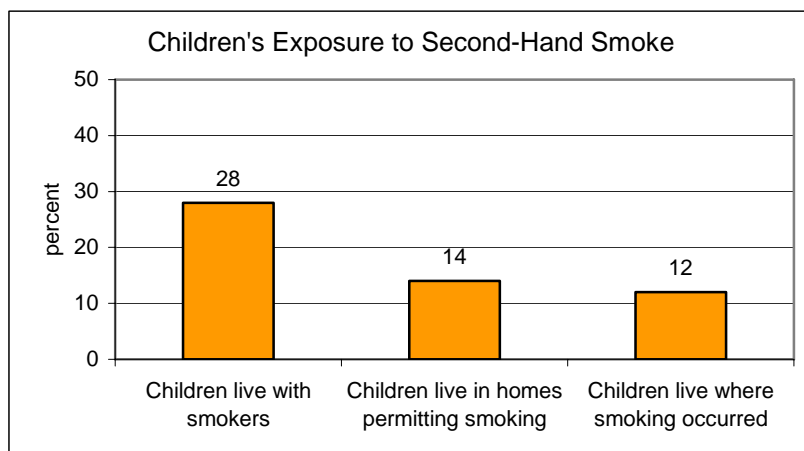
Q: In the past seven days, have you been in a car with someone who was smoking?

Q: How many children age 17 or younger live in your household?

Overall, 23% of the respondents lived with other adult smokers, 19% lived in homes where smoking was permitted in some or all areas, 14% reported that someone had smoked in their home in the week before the survey, and 22% reported being exposed to second-hand smoke in a car (not shown). The graph shows that significantly higher proportions of smokers than non-smokers reported being exposed to second-hand smoke in each context.



Thirty-six percent of respondents had children age 17 or younger in their households. Among these respondents, 28% of children lived in households with one or more adult smokers, 14% lived where smoking was permitted in some or all areas of the home, and 12% lived where the respondent reported someone had smoked in the home in the week before the survey.



Exposure to Second-Hand Smoke at Work

Q: Which of the following best describes your place of work's official smoking policy for work areas?

- Not allowed in any areas
- Allowed in some areas
- Allowed in all areas
- No official policy

Q: Which of the following best describes your place of work's official smoking policy for common areas such as lobbies, rest rooms, and lunchrooms?

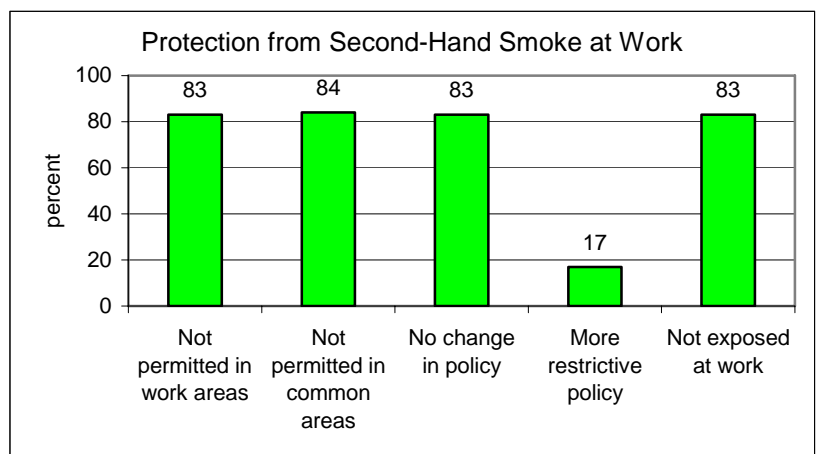
- Not allowed in any areas
- Allowed in some areas
- Allowed in all areas
- No official policy

Q: Has the official policy changed in the last 12 months? If yes, How did the policy change?

- More restrictive
- Less restrictive

Q: Thinking about the past seven days, about how many hours and minutes were you exposed to other people's tobacco smoker at work?

Forty-eight percent of respondents were employed and worked indoors most of the time. Among these respondents, the great majority worked where smoking was not permitted in work or common areas. Most respondents said workplace policies had not changed in the previous 12 months although 17% said the policy had become more restrictive; no respondent reported a workplace policy becoming less restrictive. Eighty-three percent were not exposed to second-hand smoke at work in the week before the survey.



Tobacco Surveillance Report

Please visit our website at www.tobaccofree.mt.gov

Alternative accessible formats of this publication will be provided on request. Contact Carol Ballew, PhD, Epidemiologist, 406-444-6988, cballew@mt.gov

2,500 copies of this public document were published at an estimated cost of \$0.46 per copy, for a total cost of \$1200, which includes \$1200 for printing and \$0.00 for distribution.